

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 470)

SERIAL NO.  
388261

FILING DATE  
8/31/99

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12	1					
13						
14						
15						
16						
17						
18						
19						
20						
21						
22	1					
23						
24						
25						
26						
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37						
38						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL NO.	3					
TOTAL OFF.	29					
TOTAL	32					

	NO.	OFF.	NO.	OFF.	NO.	OFF.
61						
62						
63						
64						
65						
66						
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68						
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96						
97						
98						
99						
100						
TOTAL NO.						
TOTAL OFF.						
TOTAL						